

Gaining the patient perspective on COVID-19 and how best to respond to it

We recently conducted a survey of patients at our surgery in order to gain a better insight into patients' understanding and concerns relating to COVID-19 and to screen for mental and physical health, and social and financial impacts of the pandemic.

Our aim was to analyse the patient responses and provide additional reassurances and support during this time. During the second and third weeks of November, 195 patients responded with an average patient age of 56 years.

When asked about risk of death from COVID-19, 58% of patients believed the risk was higher than the currently reported infection fatality rate (IFR) of 1.06%.¹ The average age of patients responding to the survey was 56, for which the IFR was 0.57%.¹ In total, 81% of our patients had concern about their risk of serious illness or death from COVID-19. In addition, 89% of patients had concern that if they passed the infection on to a family member that this person would be at risk of serious illness or death. For those expressing concern, 72% said that this was due to information they had obtained from the media and 53% from the government.

Only 20% reported that the information they obtained pertaining to risk had come from a healthcare professional. Patients are largely obtaining their information from the media, who are prone to using alarmist language and who do not always present the facts in a balanced way.

Overall, 27% of patients asked would not accept a vaccination for COVID-19 if it were offered to them. Their concerns relating to this were largely due to their perceived risk of side effects. We need to have a sound understanding of the vaccine and its production, and should actively engage patients on the discussion, particularly those at most risk from COVID-19.

Additionally, 51% of patients reported that the pandemic had impacted their mental

health, reporting low mood and social and health anxiety; 52% reported an impact to their physical health, largely weight gain, reduced exercise, and increased alcohol consumption; 60% reported the pandemic had negatively impacted on relationships with friends and families; and 35% reported negative impacts to their finances.

DISCUSSING RISK WITH PATIENTS

People find it difficult to contemplate death and so these conversations are often avoided. We as GPs frequently engage our patients on the subject of illness and death. A good example is calculating someone's QRISK score and their risk of death in the next 10 years, and discussing the benefits of statin versus weight loss and diet change.

We now need to seek out conversations with people ruminating over the risk COVID-19 poses to them, provide reassurance by contextualising the information they have, and discussing with them ways of reducing their risk of illness in general.

The risk factors for COVID-19 are the same for many other illnesses, and so there is an opportunity to engage in positive conversations with patients about their health.

MITIGATING PATIENT FEAR AND ANXIETY

Many of our patients are overly concerned about their risk from COVID-19 and it is not unreasonable to consider a link between our findings of low mood and anxiety, and attribute this in some part to patients being reminded of death and dying on a daily basis.

Notably, one in every two of our patients were coping with mental and physical health consequences of the pandemic, often in isolation from friends, family, and colleagues. While the prevalence of these issues has undoubtedly increased, we continue to rely largely on telephone triage and so detecting them is much more challenging.

During our consultations we need to compensate for what we cannot see by regularly inquiring about mood, sleep, alcohol consumption, weight, and exercise. With every telephone consultation, we are acknowledging the lack of visual cues and so proactively screen for the above issues.

We now have a COVID-19 information update on our website that shares the results of the survey and provides patient advice. It states the likelihood of survival rather than death from COVID-19, based on their age group, and encourages patients to focus on this. It advises limiting daily media exposure and encourages patients to fact-check information with us. It invites patients to talk to us about their current concerns and health issues. Finally, we have added a list of additional resources and support services available to patients during the pandemic.

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This article was first posted on *BJGP Life* on 15 December 2020: <https://bjgplife.com/gaining>

DOI: <https://doi.org/10.3399/bjgp21X714713>

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REFERENCE

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